0010/PTO ( Rev. 6/95	J.S. Department of Commerce Patent and Trademark Office	Attorney Docket Number	ANDPAT/157/P	ANDPAT/157/PC/US							
11CV. 0/00	ratent and Trademark Office	First Named Inventor									
DECLARA	TION	COMPLETE IF KNOWN									
DECLARA	KIION	Application Number		<u> </u>							
[X] Declaration OR [ ] Submitted	Declaration Submitted after	Filing Date									
with Initial Filing	Initial Filing	Group Art Unit									
As a below named inventor, I hereby of	declare that:										
My residence, post office address, and	d citizenship are as stated below	next to my name.									
I believe I am the original, first and sol listed below) of the subject matter wh	e inventor (if only one name is l ich is claimed and for which a p	isted below) or an original, atent is sought on the inve	first and joint inventor (i ntion entitled:	f plural names are							
PROC	CESS AND DEVICE FO	OR CROSS-FLOW I	FILTRATION								
	(Title of t	he Invention)									
the specification of which [X] is attached hereto											
OR											
[ ] was filed on (MM/DD/YYYY)	as United States Appl	lication or PCT Internationa	Application Number	and							
was amended on (MM/DD/YYYY)				and							
I hereby state that I have reviewed and amendment specifically referred to abo	I understand the contents of the ve.	e above identified specificat	ion, including the claims	, as amended by any							
I acknowledge the duty to disclose info	ormation which is material to na	tentahility as defined in Titl	e 37 Code of Endoral Ro	aulations 51 EG							
		<del> </del>									
I hereby claim foreign priority benefits inventor's certificate, or \$365(a) of any	y PCT international application v	vhich designated at least or	ne country other than the	e United States of							
America, listed below and have also ide PCT international application having a f	entified below, by checking the filing date before that of the app	box, any foreign application dication on which priority is	n for patent or inventor's claimed.	certificate, or of any							
Prior Foreign Application	Country	Foreign Filing Date	Priority Not Claimed	C Amarkada							
Number(s)	Country	(MM/DD/YYYY)	Friority Not Claimed	Copy Attached? Yes No							
A 155/99	Austria	02/08/1999	[ ]	[X] [X]							
	i i i										
[ ] Additional foreign application nul	mbers are listed on a supplemen	ital priority sheet attached I	nereto:								
I hereby claim the benefit under Title 3	5, United States Code §119(e) o	of any United States provis	onal application(s) listed	below:							
Application Number(s)	Filing Date (MM/DD/YYYY)	[ ]	Additional provisional								
		7	are listed on a supplemental priority sheet attached hereto.								

<b>DECLARATION</b>	١	ı
--------------------	---	---

Page 2

I hereby claim the benefit under Title 35, United States Code \$120 of any United States application(s), or \$365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code \$112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

						lity as defined in ernational filing					Regulation	s §1.5	6 which became	avai	lable betweer	n the	filing date
U.S. Parent Application PCT Par Number Numb							Parent Filing Date (MM/DD/YYYY)					Parent Patent Number (if applicable)					
			PCT/EP00/00750					01/31/2000									
[ ] <i>A</i>	Additio	onal U.S	or PCT	interna	ational app	lication number	ers ar	e liste	ed on a sup	ople	mental pr	iority	sheet attached	here	eto.		
													ided below to pro ice be addressed				
Firm Name: Alix, Yale & Ristas, LLP Customer Number 002543																	
and fur both un	her th der Se	nat these	statemer 101 of Tit	nts were	made with	the knowledge	that v	willful 1	false statem	nents	s and the l	like so	on information a made are punish pardize the validi	able	by fine or imp	prisor	nment or
Name	of	Sole o	r First	Inven	itor				1	] /	A petition	has b	een filed for th	is ur	signed inve	ntor	
Given Name		Herbe	pert Mid- Initia						Family Name	•	ZEGG				Suffix		
Inventor's Signature												Date					
RESIDENCE: City Gratwein				State			C,	ountry	Austria		Cit	Citizenship Au		ıstrian			
POST OFFICE ADDRESS Am Grünanger 90																	
City	Gra	atwein	vein State			Zip	A	\-8112	3112		/ /	Austria	.,,,,		Applicant Authority		
Name	of.	Additi	onal Jo	oint In	ventor,	if any:			1	] /	A petition	has b	een filed for th	is ur	nsigned inve	ntor	
Given Name			ŧ		Middle Initial			Family Name	,					Suffix			
Inventor's Signature										Date							
RESIDENCE: City				St	tate		Cou			Cit		tizenship					
POST	OFFIC	E ADDF	RESS														
City	y State		State		Zip				Country				Applicant Authority				
l lAdd	itiona	l invent	ors are h	eina na	med on su	upplemental sh	neet(s	) atta	ched heret	to.							